INCIDENT REPORT

Supervisor and injured employee to complete within 24 hours of incident/injury.
Please print clearly and fax completed form to: 1-866-286-5258

Company Name: Dept. / Div. ☐ Employee ☐ Non-Employee

Last name: First name: Middle initial:

Address:

City: State: Zip code: Phone #: ( )

Incident Date: Time: a.m. ☐ p.m. ☐ Left work: Returned: Lost time: Yes ☐ No ☐

Explanation for Injury/Incident:

Incident investigation conducted: ☐ Yes ☐ No

Date supervisor notified: Date report completed:

Supervisor's name:

Names / Phone #'s of Witnesses:

Was there a: safety violation ☐ machine malfunction ☐ motor vehicle accident ☐

Supervisor's comments:

What actions have been taken to prevent recurrence?:

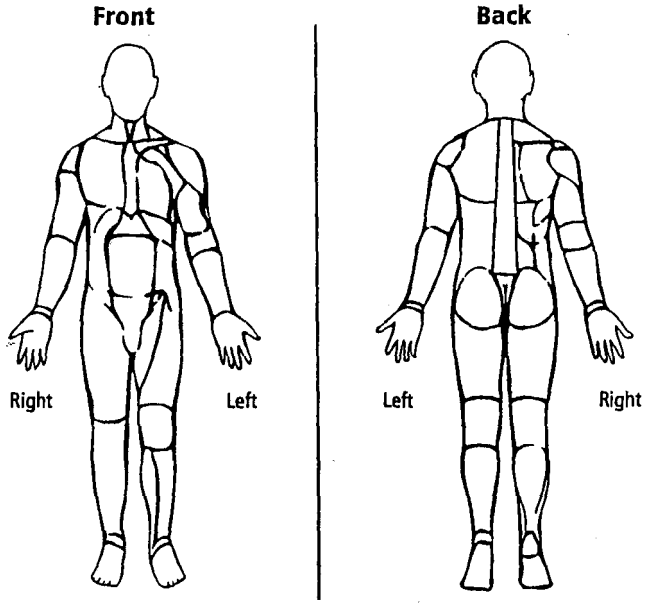
Cause

- ☐ Slip and fall
- ☐ Struck by equipment
- ☐ Lifting or moving
- ☐ Caught (in, on or between)
- ☐ Needle puncture
- ☐ Object in eye (Right ☐ Left ☐)
- ☐ Repetitive/overuse
- ☐ Other:

Type of injury

- ☐ Scrape/bruise
- ☐ Sprain/strain
- ☐ Puncture wound
- ☐ Cut/laceration
- ☐ Concussion
- ☐ Bite
- ☐ Chemical burn/rash/breathing difficulties
- ☐ Other:
- ☐ No apparent injury

MARK AREAS OF INJURY BELOW:



Employee referred to: Clinic ☐ Hospital ER ☐ Refused to see MD ☐

Dr./Clinic Phone number:

Supervisor's signature: Date:

Employee's signature: Date:

NOTE: Complete Side 2 if Vehicle, Equipment, or Property Damage

RTW

INCIDENT LOCATION: _____

POLICE CALLED? ☐ Yes ☐ No Police Traffic Accident Report ICR #: _____

City Vehicle, Property, or Equipment Involved

Description: _____

Vehicle #, Make, Model, Year: _____

Describe Damage: _____

Non-City Vehicle, Property, or Equipment

Owner Name: _____ ☐ Driver ☐ Passenger ☐ Other

Owner Address/Phone #: _____

Vehicle License #: _____ Color: _____ Make/Model: _____ Year: ____

Describe Damage: _____

Weather Conditions:

☐ Clear ☐ Wind
☐ Rain ☐ Cloudy
☐ Fog ☐ Sleet
☐ Snow

Roadway Conditions:

☐ Dry ☐ Mud
☐ Wet ☐ Paved
☐ Snow ☐ Unpaved
☐ Ice

Light Conditions:

☐ Night
☐ Day
☐ Good
☐ Poor

Approx. Temp: _____

Estimated Speed: _____ mph

Vehicle: ☐ Loaded ☐ Empty

What was load: _____

Drug and/or Alcohol Test?

☐ Yes ☐ No ☐ Not applicable

Sketch Below How Vehicle Accident Occurred (Give street names, direction of travel, locations of vehicles, objects and traffic control devices) ↑ North